

12-10-01

Please type a plus sign (+) inside this box

# UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.

PC10847

First Inventor

John A. Ragan

Title

Synthesis of Pyrrole Amides

Express Mail Label No.

EL 874867537 US

(Only for new nonapplications under 37C.F.R. §1.53(b))

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

## ADDRESS TO:

Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ \*Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)

2. ☐ Applicant claims small entity status  
See 37 CFR 1.27

3. ☒ Specification [Total Pages 20]  
(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☐ Drawing(s) (35 U.S.C. 113) [Total sheets ]

5. ☐ Oath or Declaration [Total pages 1]

a. ☐ Newly executed (original or copy)

b. ☐ Copy from a prior application (37 CFR §1.63(d))  
(for continuation/divisional with Box 18 completed)

i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).

6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)

8. ☐ Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

a. ☐ Computer Readable Copy (CRF)

b. Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies)

ii. ☐ Paper

c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))

10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)

11. ☐ English Translation Document (if applicable)

12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations

13. ☒ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

16. ☐ Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.

17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.

☐ Continuation

☐ Divisional

☐ Continuation-in-part (CIP)

of prior application No: /

Prior application information:

Examiner

Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

## 18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below



23913

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

NAME (Print/type)

Seth H. Jacobs

Registration No. (Attorney/Agent)



32,140

Signature

*Seth H. Jacobs*

Date

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 <b>FEE TRANSMITTAL</b> <b>For FY 2001</b> <small>Fees are subject to annual Revision</small>		<b>Complete if Known</b>																																																																																																																																																																																																																																																									
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<b>1. <input checked="" type="checkbox"/> The commissioner is hereby authorized to charge indicated fees and credit any over payments to:</b> <b>Deposit Account Number</b> <b>16-1445</b>  <b>Deposit Account Name</b> <b>Pfizer Inc</b> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>First Named Inventor</b>	<b>John A. Ragan</b>																																																																																																																																																																																																																																																								
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<b>Signature</b>		<b>Telephone</b>	<b>(212) 733-3678</b>																																																																																																																																																																																																																																																								
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